

COURSE#_____

TRAINING PROGRAM / INSTRUCTOR COMPLAINT FORM

PERSON REGISTERING COMPLAINT

NAME : _____

ADDRESS : _____
FIRST MIDDLE LAST

PHONE/PAGER :

_____ (H) () _____

_____ (B) () _____

_____ Digital Pager () _____

_____ CITY/COUNTY STATE ZIP

=====

COMPLAINT REGISTERED AGAINST

PROGRAM INVOLVED: _____ BASIC / REFRESHER / CE

COURSE LOCATION: _____

COURSE COORDINATOR: _____

MEDICAL DIRECTOR: _____

ASSISTING INSTRUCTOR(S): _____

Complete the back of this form with details of your complaint.

DEPARTMENTAL USE ONLY

Agency Referral: _____ Violation: (Cite Statute or Reg.)
Inv.: Y N

Handled by: TRN L&C ADM

REP: _____ PRIORITY: _____ REC'D: _____ REV'D: _____ ASGN'D: _____

DETAILS OF COMPLAINT

STATE YOUR COMPLAINT: Include the sequence of events surrounding your complaint, the names, addresses, and telephone numbers (if available) of witnesses, and copies of documents pertinent to your complaint including: contracts, reports or photographs.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If additional space is needed, please attach additional sheets.

I have read the above and it is true to the best of my knowledge.

Signature of person filing complaint

Date _____

Please return to:

If you have any questions,
please feel free to call:

Virginia Office of E.M.S.
Div. of Educational Development
109 Governor Street, Suite UB-55
Richmond, Virginia 23219

1-800-523-6019
(804) 864-7600